

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) 1820 PAC			FEC IDENTIFICATION NUMBER ▼ C C00698126	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SRCP MEDIA, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2020		
Mailing Address 201 N UNION STREET SUITE 200		Amount 100000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4650	
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2020	
Name of Federal Candidate GIDEON, SARA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		5543176.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SRCP MEDIA, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2020		
Mailing Address 201 N UNION STREET SUITE 200		Amount 975000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4651	
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2020	
Name of Federal Candidate GIDEON, SARA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		6518176.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1075000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature DATWYLER, THOMAS, , ,		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2020

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NAME OF COMMITTEE (In Full) 1820 PAC		FEC IDENTIFICATION NUMBER ▼ C C00698126
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SRCP MEDIA, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 201 N UNION STREET SUITE 200		Amount 85000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION	Category/Type 004	Transaction ID : SE.4658 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020
Name of Federal Candidate GIDEON, SARA, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 6603176.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	85000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1160000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2020

Signature